

FINANCIAL AUDIT QUESTIONNAIRE
Child and Adult Care Food Program
Revised 5/2007

Program Name _____

Participant # _____

1. Does your organization expend more than \$500,000 annually in Federal monies?
If the answer is no, sign and return the form. If the answer is yes, complete questions 2-8. ☐ Yes ☐ No
2. Is your organization audited by an independent auditor? ☐ Yes ☐ No
3. Please list the name, address and telephone number of the auditing/CPA firm:

4. Is the Child and Adult Care Food Program (CACFP) included in the audit? ☐ Yes ☐ No
5. If the audit is in process, when can it be expected in the State Agency?
____ Completed
6. What are the beginning and ending dates of your audit cycle?
Start Date _____ End Date _____
7. **PLEASE INCLUDE A COPY OF YOUR MOST RECENT AUDIT REPORT. Your organizations audit for the Federal Fiscal Year must be submitted by six months after completion.**
8. Are you doing Organization-wide audit ☐ Program specific audit?

If your organization fails to submit the required audit you will be declared seriously deficient and face termination from CACFP.

CACFP Program Contact (Signature)

Date

Complete, sign and date and return a copy to: Rachel Johns, Coordinator, Child Nutrition Programs, Idaho State Department of Education, P.O. Box 83720, Boise, Idaho 83720-0027